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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/728,345

Filing Date 12/04/2003

First Named Inventor Chang et al.

Art Unit 2621

Examiner Name Rao, A nand S.

Attorney Docket Number 070050.2511

ENCLOSURES (Check all that apply)

Fee Transmittal Form

☐ Fee Attached

Amendment/Reply

☐ After Final☐ Affidavits/declaration(s)

Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Baker Botts L.L.P.

Signature

Printed name

Robert L. Maier

Date

08/20/2008

Reg. No.

54,291

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Date

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FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

Complete if Known

Application Number 10/728,345
Filing Date 12/04/2003
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Examiner Name Rao, A nand S.
Art Unit 2621
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

Total Claims x 25 = \$0

Independent Claims x 105 = \$0

Multiple Dependent = \$0

SUBTOTAL \$0

Fee Description

Claims in excess of 20 50 25

Independent claims in excess of 3 210 105

Multiple dependent claim, if not paid 370 185

FEE CALCULATION (continued)

ADDITIONAL FEES

☐ Surcharge - late oath or filing fee
☐ Non-English Specification
☐ Extension for reply within first month
☐ Extension for reply within second month
☐ Extension for reply within third month
☐ Extension for reply within fourth month
☐ Extension for reply within fifth month
☐ Notice of Appeal
☐ Filing a brief in support of an appeal
☐ Petition to revive - unavoidable
☐ Petition to revive - unintentional
☐ Utility Issue Fee
☐ Design Issue Fee
☐ Publication Fee
☐ Petitions to the Commissioner
☐ Request for Continued Examination (RCE)
☒ Information Disclosure Statement (IDS) \$180
Other fee -

SUBTOTAL (\$ 180

SUBMITTED BY

Name (Print/Type) Robert L. Majer

Signature

Registration No. 54,291

(Attorney/Agent)

Telephone 212-408-2500

Date 08/20/2008

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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